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ICANotes Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Attson, Stephanie
ID: 151 DOB: 8/18/1987
Case Management Note (SOS)

Use Note Creation Time
Clear Time
Set Date/Time
7/29/2023
6:01 PM

Plan:
Continue accommodating client to the best of shelter abilities and prompt client to participate in programming plans.

History of Risk Factors:
*History of Abuse:
*History of Alcohol or Substance Abuse

Current Risk Factors:
*Absent or Weak Support System:
*Experiencing Severe Anxiety or Panic
*Serious Current Medical Problems

Suicide Risk Assessment:
Stephanie denies suicidal ideas or intentions.

Suicide Risk:
Based on the absence of risk factors, Stephanie's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:
Based on the risk factors reviewed, Stephanie's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:
Access to lethal means was discussed with Stephanie. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 4:15 PM
Session end: 4:30 PM

T.Y

Ryan Dingess, CSW

Electronically Signed
Ryan Dingess, CSW

Service Location
Audit Log
Copy contents of the text only into
Copy complete note into
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(Please click in the field and scroll down to see full text of note.)

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